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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38364

State File No.

FILED DEC 15 1954

BIRTH NO. 89923-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>US Army Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Pennsylvania</u> b. COUNTY <u>Bradford</u> c. CITY OR TOWN <u>Wyalusing</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No. STREET ADDRESS (If rural, give location) <u>RD 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) <u>Lee</u> c. (Last) <u>Gowin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 3, 1954</u>		<u>83708</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>3 December 1954</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Leonard Wood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Myron Francis Gowin</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Ann Benjamin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT STALEY, 1/LT, MSC</u>		ADDRESS <u>US Army Hospital Ft Leonard Wood, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compression of umbilical cord</u> DUE TO (c) <u>Breech position and extraction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cervix not fully dilated</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7670</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3 December 1954, to 3 December 1954, that I last saw the deceased alive on 3 December 1954, and that death occurred at 2:45 am., from the causes and on the date stated above.

23a. SIGNATURE <u>DAVID GRIFFIN, Capt. MC</u> (Degree or title)		23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>3 Dec. 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>4115ide Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>NEW ALBANY TENNESSEE</u>
DATE REC'D BY LOCAL REG. <u>12-4-54</u>	REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Jr Helgen</u>
	ADDRESS <u>Richland, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-4-54
Pulaski County Health Officer
File Number
Date Filled 12-11-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence J. Moss*

Licensed Embalmer No. 488

P. O. Address *W. J. M. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.